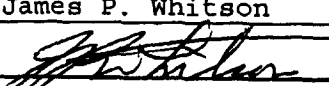


Exhibit 4

Tab G

Form 6406 (Rev. September 2001) Department of the Treasury Internal Revenue Service	Short Form Application for Determination for Minor Amendment of Employee Benefit Plan (Under sections 401(a) and 501(a) of the Internal Revenue Code)	OMB No. 1545-0229 For IRS Use Only		
Review the Procedural Requirements Checklist on page 3 before submitting this application.				
1a Name of plan sponsor (employer if single-employer plan) <u>Delphi Corporation</u> Number, street, and room or suite no. (If a P.O. box, see instructions.) <u>P.O. Box 5086</u> City State ZIP code <u>Troy, MI 48077-5086</u>		1b Employer identification number <u>38-3430473</u> 1c Employer's tax year ends — Enter (MM) <u>12</u> 1d Telephone number <u>248-813-3391</u>		
2a Person to contact if more information is needed. (See instructions.) (If Form 2848, Power of Attorney and Declaration of Representative, or other written designation is attached, check box and do not complete the rest of this line.) <input type="checkbox"/> Name <u>Karen M. Cobb</u> Number, street, and room or suite no. (If a P.O. box, see instructions.) <u>5725 Delphi Dr. MC 483.400.151</u> City State ZIP code <u>Troy, MI 48098</u>		1e Fax number <u>248-813-3383</u> 2b Telephone number <u>248-813-3391</u> 2c Fax number <u>248-813-3383</u>		
3a Determination requested for amendment (fill in appropriate dates): Date amendment signed <u> </u> Once Compliance Statement is issued. Date amendment effective <u>01/01/2000</u> b Has the plan received a determination letter? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of letter <u>06/27/2003</u> If "Yes," submit a copy of the latest letter. If "No," this form cannot be used. See instructions under Who May File . c Have interested parties been given the required notification of this application? (See instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No* d Does the plan have a cash or deferred arrangement (section 401(k))? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No e Does the plan have matching contributions (section 401(m))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No f Does the plan have after-tax employee voluntary contributions (section 401(m))? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No g Does the plan provide for disparity in contributions or benefits that is intended to meet the permitted disparity requirements of section 401(l)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
4a Name of plan (Plan name may not exceed 66 characters, including spaces): <u>Delphi Personal Savings Plan for Hourly-Rate Employees in the U.S.</u> *Once Compliance Statement is issued. <u>004</u> b Enter 3-digit plan number <u>05281999</u> d Enter plan's original effective date (MMDDYYYY) <u>1231</u> c Enter date plan year ends (MMDD) <u>59.118</u> e Enter number of participants (See instructions.)				
5 Indicate type of plan by entering the number from the list below. <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> 1 — profit-sharing and/or 401(k) <input type="checkbox"/> 2 — money purchase <input type="checkbox"/> 3 — target benefit <input type="checkbox"/> 4 — defined benefit but not cash balance </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 5 — cash balance <input type="checkbox"/> 6 — leveraged ESOP <input type="checkbox"/> 7 — non-leveraged ESOP <input type="checkbox"/> 8 — stock bonus </td> </tr> </table>			<input checked="" type="checkbox"/> 1 — profit-sharing and/or 401(k) <input type="checkbox"/> 2 — money purchase <input type="checkbox"/> 3 — target benefit <input type="checkbox"/> 4 — defined benefit but not cash balance	<input type="checkbox"/> 5 — cash balance <input type="checkbox"/> 6 — leveraged ESOP <input type="checkbox"/> 7 — non-leveraged ESOP <input type="checkbox"/> 8 — stock bonus
<input checked="" type="checkbox"/> 1 — profit-sharing and/or 401(k) <input type="checkbox"/> 2 — money purchase <input type="checkbox"/> 3 — target benefit <input type="checkbox"/> 4 — defined benefit but not cash balance	<input type="checkbox"/> 5 — cash balance <input type="checkbox"/> 6 — leveraged ESOP <input type="checkbox"/> 7 — non-leveraged ESOP <input type="checkbox"/> 8 — stock bonus			
Under penalties of perjury, I declare that I have examined this application, including accompanying statements and schedules, and to the best of my knowledge and belief it is true, correct, and complete.				
Print Name <u>James P. Whitson</u>		Title <u>Chief Tax Officer</u>		
Signature <u></u>		Date <u>9/28/04</u>		
For Paperwork Reduction Act Notice, see separate instructions.				

Form **6406** (Rev. 9-2001)

Form 6406 (Rev. 9-2001)

Page 2

	Yes	No
6a Is the employer a member of an affiliated service group?		X
b Is the employer a member of a controlled group of corporations or a group of trades or businesses under common control?	X	
If a and/or b above is "Yes," complete the required statement (see the instructions).		
7a Is this a master or prototype plan?		X
b Is this plan an approved volume submitter plan?		X
c Is this plan an individually designed plan?	X	
8a Is this plan a governmental plan?		X
If "Yes," is the plan below the state level?		
b Is this plan a nonelecting church plan?		X
c Is this plan a collectively bargained plan? (See Regulations section 1.410(b)-9.)?	X	
d Is this plan a section 412(i) plan?		X

MISCELLANEOUS

	NA	Yes	No
9a Does any amendment to the plan reduce or eliminate any section 411(d)(6) protected benefit including an amendment adopted after September 6, 2000, to eliminate the joint and survivor annuity form of benefit? (See instructions.)			X
b Is this plan or trust currently under examination or is any issue related to this plan or trust currently pending before:			
• The Internal Revenue Service.			X
• The Department of Labor			X
• The Pension Benefit Guaranty Corporation.			X
• Any court?			X
If "Yes," attach a statement explaining the issues involved, the contact person's name (IRS Agent, DOL Investigator, etc.) and their telephone number. Do not answer "Yes" if the plan has been submitted under the Voluntary Compliance Program of the Employee Plans Compliance Resolution System (EPCRS).			

Form 6406 (Rev. 9-2001)

Procedural Requirements Checklist

*****Form 6406*****

Use this list to assure that your submitted package is complete. Failure to supply the appropriate information may result in a delay in the processing of the application.

- ☒ 1 Are the amendments MINOR in nature? (i.e., Form 6406 may not be used to amend for law changes or for significant changes to plan benefits or coverage.) For more information, please see **Who May File** in the instructions.
- ☒ 2 Is Form 8717, User Fee for Employee Plan Determination Letter Request, attached to your submission?
- ☒ 3 Is the appropriate user fee for your submission attached to Form 8717?
- ☒ 4 If appropriate, is the Form 2848, Power of Attorney and Declaration of Representative, or a privately designated authorization attached? (For more information, see the **Disclosure Request by Taxpayer** in the instructions.)
- ☒ 5 Is a copy of your plan's latest determination letter, if any, attached?
- ☒ 6 Is the Employer Identification Number (EIN) of the plan sponsor/employer (NOT the trust's EIN) entered on line 1b?
- ☒ 7 Does line 4d list the plan's original effective date?
- ☒ 8 Is page 1 of the application signed and dated?
- ☐ 9 Have interested parties been given the required notification of this application? (See instructions.)
Once Compliance Statement is issued.
- ☒ 10 Have you included the following information:
 - ☒ A copy of the new amendment(s) or adoption agreement;
 - ☒ A statement as to how the amendment(s) or new adoption agreement elections affect or change the plan or any other plan maintained by the employer;
 - ☒ A copy of the latest determination letter, and
 - ☐ A copy of the approval letter if your plan is either a volume submitter or M&P document?
- ☒ 11 If you answered "Yes" to line(s) 6a and/or 6b, have you included the information requested in the instructions?
- ☒ 12 Have you completed the information on page 2?

Form 6406 Attachment 1
Explanation of Line 6b of Form 6406

Company: **Delphi Corporation**
 EIN: **38-3430473**
 Plan Name: **Delphi Personal Savings Plan for Hourly-Rate Employees in the U.S.**
 Plan No.: **004**

Members of the Delphi Controlled Group:

As of January 1, 2004, the Delphi Corporation (Delphi) controlled group of corporations consists of the parent corporation, Delphi, and 5 at least 80% owned companies. They are as follows:

1. Delphi Corporation
2. Packard Hughes Interconnect
3. AlliedSignal Environmental Catalysts
4. Delphi Diesel Systems, Inc.
5. Delphi Mechatronic Systems, Inc.
6. Specialty Electronics, Inc.

Relationship to Plan Sponsor:

Each of the companies identified above (other than the parent company, Delphi) is a wholly owned subsidiary of Delphi.

Type of Qualified Plans:

Plan Sponsor/Plan Name	Type of Plan
Delphi Mechatronic Systems, Inc. <ul style="list-style-type: none"> • Delphi Mechatronic Systems Retirement Program • Delphi Mechatronic Systems Savings-Stock Purchase Program 	DB Pension Plan DC Profit Sharing Plan
Delphi Diesel Systems Corporation <ul style="list-style-type: none"> • Delphi Diesel Systems Corp. Retirement Saving Portfolio 	DC Profit Sharing Plan
Delphi Corporation <ul style="list-style-type: none"> • Delphi Retirement Program for Salaried Employees • Delphi Savings-Stock Purchase Program for Salaried Employees In the United States • Delphi Personal Savings Plan for Hourly-Rate Employees in the US • Delphi Hourly-Rate Pension Plan • Delphi Income Security Plan 	DB Pension Plan DC Profit Sharing Plan DC Profit Sharing Plan DB Pension Plan DC Profit Sharing Plan
Packard Hughes Interconnect <ul style="list-style-type: none"> • Packard Hughes Interconnect Retirement Savings Plan • Packard Hughes Interconnect Non-Bargaining Pension Plan • Packard Hughes Interconnect Bargaining Pension Plan • Packard Hughes Interconnect Foley Facility Pension Plan 	DC Profit Sharing Plan DB Pension Plan DB Pension Plan DB Pension Plan
AlliedSignal Environmental Catalysts <ul style="list-style-type: none"> • ASEC Manufacturing Savings Plan • Allied Signal Inc. Retirement Program 	DC Profit Sharing Plan DB Pension Plan
Specialty Electronics, Inc. <ul style="list-style-type: none"> • Specialty Electronics 401(k) Plan 	DC Profit Sharing Plan

Common Plans:

There are no qualified plans common to all members of the Delphi controlled group; that is, each company maintains plans only for its employees. For example, the plans maintained by Packard Hughes Interconnect are for the benefit of employees of Packard Hughes Interconnect only.

Form 8717 (Rev. February 2002) Department of the Treasury Internal Revenue Service	User Fee for Employee Plan Determination Letter Request	For IRS Use Only	OMB No. 1545-1772 Control number _____ Amount paid _____ User fee screener _____
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▶ Attach to determination letter application.

1 Name of plan sponsor (employer if single-employer plan) Delphi Corporation	2 Sponsor's employer identification number 38-3430473
3 Plan name Delphi Personal Savings Plan for Hourly Rate Employees	4 Plan number 004

Caution: If you qualify for the exemption from user fees for small business employers, complete only the certification below (see the instructions on page 2 for details). For all other applications, leave the certification blank and check the appropriate box in column A or B of line 5.

Certification

I certify that the application for a determination letter on the qualified status of Delphi Personal Savings Plan for Hourly Rate Employees (name of the plan) meets the conditions for exemption from user fees described in section 620 of the Economic Growth and Tax Relief Reconciliation Act of 2001.

Signature ▶ [Signature] Title ▶ Chief Tax Officer Date ▶ 9/18/04

Form Submitted	Fee Schedule	
	A	B
5a Form 5300:	with Demo 5 and/or Demo 6: <input type="checkbox"/> \$1,250	no Demo 5 and no Demo 6 <input type="checkbox"/> \$700
b Form 5307:	with Demo 5 and/or Demo 6: <input type="checkbox"/> \$1,000	no Demo 5 and no Demo 6 <input type="checkbox"/> \$125
c Form 5310:	with Demo 5 and/or Demo 6: <input type="checkbox"/> \$375	no Demo 5 and no Demo 6 <input type="checkbox"/> \$225
d Form 6406:	Not applicable	<input checked="" type="checkbox"/> \$125
e Multiple employer plans (Form 5300):	with Demo 5 and/or Demo 6:	no Demo 5 and no Demo 6
(1) 2 to 10 Forms 5300 submitted	<input type="checkbox"/> (1) \$ 1,250	<input type="checkbox"/> (1) \$ 700
(2) 11 to 99 Forms 5300 submitted	<input type="checkbox"/> (2) \$ 2,000	<input type="checkbox"/> (2) \$ 1,400
(3) 100 to 499 Forms 5300 submitted	<input type="checkbox"/> (3) \$ 3,500	<input type="checkbox"/> (3) \$ 2,800
(4) Over 499 Forms 5300 submitted	<input type="checkbox"/> (4) \$ 6,500	<input type="checkbox"/> (4) \$ 5,600
f Multiple employer plans (Form 5310):	with Demo 5 and/or Demo 6:	no Demo 5 and no Demo 6
(1) 2 to 10 employers maintaining the plan	<input type="checkbox"/> (1) \$ 375	<input type="checkbox"/> (1) \$ 225
(2) 11 to 99 employers maintaining the plan	<input type="checkbox"/> (2) \$ 600	<input type="checkbox"/> (2) \$ 450
(3) 100 to 499 employers maintaining the plan	<input type="checkbox"/> (3) \$ 1,000	<input type="checkbox"/> (3) \$ 900
(4) Over 499 employers maintaining the plan	<input type="checkbox"/> (4) \$ 2,000	<input type="checkbox"/> (4) \$ 1,800
g Volume submitter:		
(1) Specimen plan		<input type="checkbox"/> (1) \$ 1,500
(2) Lead specimen plan (see Rev. Proc. 2000-20)		<input type="checkbox"/> (2) \$ 3,000
(3) Specimen plan identical to lead specimen plan (see Rev. Proc. 2000-20)		<input type="checkbox"/> (3) \$ 100
h Group trust		<input type="checkbox"/> \$ 750

Attach Check or Money Order Here

**AMENDMENT TO
THE DELPHI PERSONAL SAVINGS PLAN FOR HOURLY-RATE
EMPLOYEES IN THE UNITED STATES**

WITNESSETH:

WHEREAS, Delphi Corporation (the "Corporation") has established the The Delphi Personal Savings Plan for Hourly-Rate Employees in the United States (hereinafter referred to as the "Plan"), and

WHEREAS, the Corporation desires to amend the Plan;

NOW, THEREFORE, the Plan is amended as follows:

Section 7.05(a) of Article VII is amended to add the following two new sentences to the end thereof:

Notwithstanding the preceding sentence, any cash dividends received by the Trustee on GM Common Stock Funds on or after January 1, 2000 and before January 1, 2004, shall be invested in the GM Common Stock Fund, unless a Participant elects to have all GM Common Stock Fund dividends that are allocable to the Participant's Account during such period invested in the Promark Income Fund. Such election may be made during a special 30-day election period to be established by the Plan Administrator during the 2005 Plan Year, and the election shall be effective retroactive to January 1, 2000, with an appropriate adjustment, if necessary, to an electing Participant's Account to restore the Account to the same position as had the election been made and become effective on January 1, 2000.

This amendment is effective as of January 1, 2000. In all other respects the Plan remains unchanged.

IN WITNESS WHEREOF, the Corporation adopts this amendment on
_____, 2005.

DELPHI CORPORATION

By: _____

Attest:

By: _____

Form 6406
Statement
Delphi Corporation
EIN: 38-3430473

Statement As to How the Amendment Affects or Changes the Plan or Any Other Plan Maintained By the Employer.

The amendment to the Plan, retroactive to January 1, 2000, will to allow participants a choice for the correction period (January 1, 2000 through December 31, 2003) to (Option #1) retain the additional GM Stock Fund units purchased with reinvested GM share dividends; or (Option #2) to sell the GM Stock Fund units purchased with the reinvestment and invest in the Promark Income Fund. The default option would be Option #1. The retroactive amendment would allow participants to keep the GM Stock Fund units acquired during the correction period. Alternatively, those participants who would prefer the Promark Income Fund can choose to have their PSP balance adjusted to the position it would have been had the GM Stock Fund dividends been reinvested into the Promark Income Fund throughout the correction period.

Delphi
Disbursement Services (NB)
PO Box 62530
Phoenix, AZ 85082-2530

DELPHI
Automotive Systems

CHECK No. 900463643 58-8
21:

DATE
09/22/04

*****125 DOLLARS

*****00 CENTS

AMOUNT
*****125.00

PAY
TO THE
ORDER
OF

UNITED STATES TREASURY
INTERNAL REVENUE SERVICE
PO BOX 192
COVINGTON KY 41012-0192

Delphi
Disbursement Account

John S. Blahnik

SIGNATURE

Chase Manhattan Bank, N.A.
New York, New York

AUDIT

⑈900463643⑈ ⑆021309379⑆ 601⑈2⑈50442⑈